

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	APPARATUS FOR SEISMIC MEASUREMENTS
Attorney Docket Number::	3657-1020
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NORWAY
Status:: Full Capacity
Given Name:: SVERRE
Middle Name::
Family Name:: PLANKE
Name Suffix::
City of Residence:: OSLO
State or Province of
Residence::
Country of Residence:: NORWAY
Street of Mailing Address:: ARNEBRATVEIEN 30C
City of Mailing Address:: OSLO
State or Province of Mailing Address::
Country of Mailing Address:: NORWAY
Postal or Zip Code of Mailing Address:: N-0771

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NORWAY
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: BERNDT
Name Suffix::
City of Residence:: HAMPSHIRE
State or Province of
Residence::
Country of Residence:: GREAT BRITAIN
Street of Mailing Address:: 4 SURREY ROAD
City of Mailing Address:: HAMPSHIRE

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State or Province of Mailing Address::

Country of Mailing Address:: GREAT BRITAIN

Postal or Zip Code of Mailing Address:: SO19 9ED

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NO03/00079	3/6/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NORWAY	20021140	3/7/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::